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EPIDEMIOLOGY

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WORLDWIDE REPORT
EPIDEMIOLOGY

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ANGOLA

BRIEFS

UIGE FATAL DISEASES--The fifth session of the Uige provincial People's Assembly reviewed the activities of the provincial government and discovered a case of fraud in the domestic trade delegation amounting to about 200 million kwanzas. The health sector was also reviewed by the deputies, who were apprised that there were 165 deaths during the first quarter of this year because of the proliferation of trypanosomiasis, malaria, onchocerciasis, chickenpox, tuberculosis, acute diarrhea, whooping cough, anemia and leprosy. [Excerpt] [Luanda JORNAL DE ANGOLA in Portuguese 5 Aug 82 p 1]

CSO: 5400/5749

NEW INFLUENZA VIRUS ATTACKING IN SYDNEY, MELBOURNE

Longer-Lasting Strain

Canberra THE AUSTRALIAN in English 8 Jul 82 p 3

[Article by Sue Cook]

[Text]

PEOPLE in Sydney are fighting a particularly vicious strain of influenza which "changed its overcoat" on the way from Europe to Australia.

Usually Australians can expect to be hit by the same flu virus as the Europeans experienced during their winter, but this year the virus outsmarted health experts.

The chairman of the NSW Health Commission, Dr Roderick McEwin, said yesterday that although numerically there had not been a great outbreak of influenza, it was a longer and more pronounced illness than usual.

"Why weren't we warned", flu sufferers may well wail while sniffing into their handkerchiefs and reaching for another swig of cough mixture.

Health authorities do not normally suggest people under 65 years should receive influenza vaccination unless they have a chronic debilitating disease, particularly of the heart, lungs, kidneys or joints.

Dr McEwin said that when

the European flu was very virulent and affecting more people than usual, health authorities recommended vaccination.

"Influenza is a very interesting disease because we can usually predict what will happen in the Australian winter because we see what happens in the European winter first," he said.

"That is why flus are named Hong Kong flu or Swedish flu.

"But the flu virus changes its overcoat, its encapsulating case, and undergoes an antigenic mutation so in effect it is a new virus.

"If you had the flu last year you should have immunity for five years normally, but if the flu virus had gone through this antigenic mutation change on its way from Europe, the immunity is of no use."

A normal adult would usually recover from a bout of flu within three to four days but this winter Sydney people were taking a fortnight to fight off the virus.

Outbreak in Melbourne

Melbourne THE AGE in English 9 Jul 82 p 1

[Excerpt]

Melbourne people are suffering from the worst outbreak of influenza for three or four years and the virus seems to be producing a longer and more pronounced illness than

usual.

During the past six weeks, 30 people have been admitted to Fairfield Hospital with flu and schools have reported up to a third of their pupils away ill during the past couple of weeks.

The head of the virology department at Fairfield, Professor Ian Gust, said the admissions at his hospital represented only the tip of the iceberg, mainly people who had developed complications.

"There's a fair amount of illness around and it probably hasn't peaked yet," he said. "The number of cases has built up in the last fortnight, but it's not a major epidemic or anything like that. It's almost certainly the same virus that Sydney is experiencing."

"This is an influenza B virus which in general tends to produce less severe symptoms than the influenza A type. It is also less common and we haven't had a bout of it for five or six years."

Professor Gust said that it was very difficult to get a precise reading of just how widespread the problem with this year's flu was because hospital admissions accounted only for people who had a severe bout of it or needed treatment for side effects.

"I'm told by some of my colleagues that they are seeing a fair amount of pneumonia at several hospitals among elderly people, but whether this is because these people first had flu I just don't know."

CSO: 5400/7575

AUSTRALIA

BRIEFS

NEW HEALTH BODY CHANGE--SYDNEY--The NSW Cabinet has approved plans to abolish the NSW Health Commission and replace it with a health department with about 1100 fewer positions. About 300 positions will be abolished through natural wastage with an annual saving of \$5.3 million, and a further 830 officers will be transferred to other departments. The NSW Health Minister, Mr Brereton, said yesterday that he intended to develop community services using savings from the cutbacks in administration. Over the past three years the administration staff had grown by about 100 and the community health workers had fallen by about 200. The staff reductions and transfers come after a task-force review of the commission's structure earlier this year. Mr Brereton said that of the 300 positions to be lost through natural wastage, 200 would be from the central office and just over 100 in the regions. [Perth THE WEST AUSTRALIAN in English 15 Jul 82 p 20]

CSO: 5400/7577

BRIEFS

IMMUNIZATION PROGRAM--THE MINISTRY of Health has projected that with the present rate of coverage about 60 per cent of all children under one year will be fully immunized by December this year. According to the Ministry, 12.6 per cent of all children have completed the full course of injections. And during the same period 1,279 children under one year received their first injections, while 959 received their second injections. Therefore, with the present rate of coverage, the Ministry predicts that 60 per cent of all children under one year old will be fully immunized by the end of the year. The Ministry's announcements came in the wake of an inaccurate report in the Nassau Guardian recently, which said that 12.6 per cent of the estimated 5,750 live births had been immunized in the first quarter of the year. According to the Ministry 12.6 per cent represents the children who have completed the full course of injections. According to the Ministry, this major expanded programme on Immunization is a major effort to ensure that all children under one year receive three doses of DPT and polio vaccines at ages 3, 5 and 7 months and one dose of measles vaccine at age 12 months by the year 1990. In addition the immunization programme attempts to ensure that all pregnant women receive three doses of tetanus vaccine before the birth of their child. This is to protect the newborn infant from "Lock Jaw." [Excerpt] [Nassau THE TRIBUNE in English 23 Jul 82 p 1]

CSO: 5400/7576

PROBLEMS OF TUBERCULOSIS ERADICATION CENTERS TOLD

Dacca THE NEW NATION in English 31 Jul 82 p 5

[Editorial]

[Text]

BOMBAY, July 31.

EVEN though the centenary year of the discovery of the tubercle bacillus is being celebrated this year, hardly one-tenth of the tuberculosis patients in India are receiving proper treatment.

While in western countries the ravages from tuberculosis have come down to five per 100,000 population per year, in India it is still around 80 per 100,000 population.

According to Dr. M. D. Deshmukh, former director of the Anti-TB Association, TB is the No. 1 contributor to the value of man-days lost each year. "If we calculate the time lost because of illness at the rate of 100 days per patient, the total loss of work-days is of the value of Rs. 100 crores.

We are losing Rs. 1,000 per patient by way of loss of work, expenditure for drugs and the like," he said. "There is then the total monetary loss to our nation, which comes to Rs. 1,000 crores per year."

RECOVERY RATE

Some years ago an expert committee appointed by the Indian Coun-

cil of Medical Research had found the existing national tuberculosis programme (NTP) faulty in a number of ways. For one thing, case detection was poor—only about one third of the total estimated cases of tuberculosis appeared on the register. For another, treatment and the recovery rate were poor. Sixty to 70 per cent of the patients were not completing the full course of treatment and only about 25 per cent were showing recovery by way of their sputum becoming negative. Also the BCG cover for children was poor.

Experts in the field feel the NTP has failed on two other counts also. It has failed to persuade the vast number of general medical practitioners to participate actively in the programme. They, along with institutions run by non-official agencies, treat about one third of the estimated TB patients.

The NTP, they feel, has also not given any attention to the family members of the TB patients for this group alone has twice the number of early fresh cases than the general population.

The correctives to be applied to the NTP, experts in Bombay feel are: (1) Diagnose more patients by a vi-

gorous case-finding programme; (2) raise the rate of cure by adding the latest powerful drug Rifamycin to the drugs already used (This, many of them feel, will also cut down the prolonged duration of treatment to six months); (3) Give free facilities of diagnosis to the poor patients of the private medical practitioners and also supply free drugs for their treatment; (4) pay adequate attention to the symptoms among the family members of the TB patients and (5) increase BCG cover by pursuing a vigorous BCG campaign incorporated with a drive for giving other preventive vaccines.

HOSPITAL BEDS

As it is, the cost of treating a case of tuberculosis on a domiciliary basis for one year is less than ten per cent of the cost of maintaining a bed in a sanatorium for the same period. As a result there are only 44,000 hospital beds for over one crore TB patients.

Also, when tuberculosis was earlier believed to be common in younger people and in women, community surveys undertaken in different parts of the country show that the disease is more prevalent among elderly males.

CSO: 5400/7105

BARBADOS

BRIEFS

DENGUE FEVER CASES--BARBADOS has recorded three more cases of dengue fever, bringing to five the number of new local cases of this mosquito-borne disease, Senior Health Officer, Dr Vaughn Wells, said yesterday. Fogging exercises, a process which involves the releasing of anti-insect fog bombs, are being carried out in the south of the island, where the mosquito has been discovered. Householders have been urged to keep their doors and windows open so the fog can get into their homes, and they have also been advised to get rid of all empty containers around their homes which are capable of holding stagnant water. [Bridgetown THE NATION in English 29 Jul 82 p 1]

CSO: 5400/7576

BRAZIL

BRIEFS

YELLOW FEVER OUTBREAK--Senator Gabriel Hermes Filho has reported that five people were killed by yellow fever in Maranhao. [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Jul 82 p 12 PY]

BUBONIC PLAGUE CASES--The superintendent of Sucan--Superintendent for Public Health Campaigns--has reported that Sucan was informed about 36 possible bubonic plague cases which occurred during the first half of 1982. While 29 of the reported cases happened in Ceara state, one person has been reported dead in Taracatu. [Rio de Janeiro O GLOBO in Portuguese 3 Aug 82 p 5 PY]

CSO: 5400/2200

COUNTRY'S SANITARY SITUATION DESCRIBED

Praia VOZ DI POVO in Portuguese 3 Jul 82 p 2

[Excerpts] In a speech during an extended meeting of his ministry held from 14 to 19 June in Praia Minister of Health and Social Affairs Dr Irineu Gomes presented a succinct picture of the social-sanitary situation of the country.

In his report to the 47 participants, Dr Irineu Gomes spoke about malaria, leprosy, tuberculosis, diarrhea diseases, malnutrition and vaccinations, as well as about mental health and social questions.

Fight Against Malaria

The investments made in this sector have already given satisfactory results to the entire population. In 1978 we had 857 cases of malaria, 13 of which were fatal. The next year there were 240 cases with 6 deaths which were verified, and in 1981, 40 cases were detected, of which 29 were local without any deaths and 11 were imported, also without deaths. From the beginning of 1982 to date only one local case was detected due to plasmodium vivax, which indicates that it was a relapse.

The campaigns which were conducted only in Santiago, today are extended to Fogo, S. Vicente and Brava and possibly to other islands. Although there are no cases of yellow fever or dengue in Cape Verde, on three of our islands there are cases of this disease, especially on Fogo where many cases were reported. Therefore, a brigade of fighters against malaria was sent there to subdue the disease.

Leprosy

The number of cases of leprosy identified among the population reached significant proportions. In 1960, 356 cases were reported; this represents a proportion of 2.73 per 1,000, of which almost 80 percent are under control and treatment.

The disease is endemic on two of the nine islands of the archipelago, the island of Fogo having the highest rate. However, there is a National Leprosy Service (Casa Betanea) on this island.

Tuberculosis

It is very difficult to form an exact idea of the extent of the problem because of the lack of information on tuberculosis.

Taking into account this restriction, the number of new cases detected in 1980 is 516 with the very high rate of incidence of 1.74 per 1,000.

As yet there is no special service aimed at intensive and continuous treatment of this disease. It is imperative to take action to decrease the incidence of this disease. Measures are being taken to institutionalize the fight against tuberculosis on Cape Verde with support from the Calouste Gulbenkian Foundation.

Diarrhea Diseases

Because of deficiency in the supply of drinking water to the population and the enormous difficulties resulting from it in a country with poor communications, diarrhea diseases, especially among children, are given priority in public health.

It is important to note that mortality due to diarrhea diseases among under 1 year of age (infant mortality) represents 27 percent of deaths in this age group. All efforts aimed at solving the drinking water supply problem will result in a considerable decrease of mortality among children.

Vaccinations

The present pathology on Cape Verde responsible for 52 percent of all consultations is attributable to contagious and parasitic diseases. Therefore, a well conducted extended program of vaccinations should greatly reduce these diseases.

In spite of having a significant reduction of diseases because of vaccinations it is still necessary to obtain a better coverage with the reinforcement of cold chains, as well as regular supply of vaccines. These two factors are essential points of vaccination coverage.

The effects of the PMI/PF [Maternity-Infant Protection/Family Planning] are already apparent. The infant mortality rate diminished from 108.9 per 1,000 in 1975 to 60 in 1980. The data for 1981 is still to be gathered, but it is expected to show a considerable improvement. It is expected that in 1983 the PMI/PF coverage of the country will be about 80 percent of the population.

Although the infant mortality rate on Cape Verde is high as compared with developed countries, it is good, even excellent, as compared with the rates of several African, Asian and Latin American countries. The high rate of natural growth (30 percent in the third year) in a country with reduced resources, forces us to think about family planning.

11634

CSO: 5400/5695

ANTI-MOSQUITO BACTERIA PREPARATION USED FOR FIRST TIME

Havana GRANMA WEEKLY REVIEW in English 18 Jul 82 p 12

[Article by Jose A. De La Osa]

[Text] Specialists have announced that an internationally known biological method for mosquito control, employing a bacteria preparation called *Bacillus thuringiensis*, israeliensis variety, was used for the first time in Havana as part of Cuba's public health program, with very promising results. The experiment was run in two permanent breeding areas where residual waters from Lenin Park empty into the Calabazar locality in Boyeros municipality. One of the breeding areas contained around 111 million *Culex* mosquito larvae.

All the larvae in both breeding areas were killed within 24 hours after the bacteria preparation was spread on the surface of the infested water.

Experts from the Biological Control Group of the National Institute of Hygiene, Epidemiology and Microbiology of the Ministry of Public Health, directed by Israel Garcia, confirmed that *Bacillus thuringiensis* israeliensis was very effective against *Culex* and *Aedes aegypti* mosquito larvae.

So far, tests have been run using these bacteria against the seven main species of mosquitoes in Cuba.

Grisel Montero, a specialist from the National Institute of Hygiene, Epidemiology and Microbiology who is directing the research, reported that, under both laboratory and natural conditions, the bacteria are effective when used in streams or reservoirs.

Doses of 0.4 grams of the bacteria preparation are required for every square meter of the breeding area, but they must be increased if there is a lot of aquatic vegetation or a strong current.

Soviet and other scientists have paid more attention to microbiological than to chemical methods of insect control, since the chemical ones present serious problems of resistance, environmental pollution and other noxious side effects.

The 3rd Meeting of the Scientific Workers' Group on the Biological Control of Insect Vectors of Disease, held in Geneva in 1980, determined that *Bacillus*

thuringiensis was the best agent for the bioregulation of mosquitoes. These bacteria are very specific for mosquito larvae and harmless to other living beings and vegetation.

It is widely accepted that the most important bacteria for the biological control of insects form toxic protein crystals during the spore formation phase of reproduction which have a stomachic poisonous action in the larvae.

It should be pointed out that the definitive solution for controlling mosquito breeding areas here and in other parts of the country lies in environmental health measures, including engineering, sanitation and drainage projects.

CSO: 5400/2202

MOSQUITOES SUSPECTED AS VIRUS CARRIER

Bratislava PRACA in Slovak 15 Jul 82 p 4

[Article by Iva Maresova: "Mosquitoes and Inhabitants of Bratislava"]

[Text] A mosquito plague raged in Bratislava and along almost the entire section of the Danube in our territory last summer. Mosquitoes excessively multiplied and made life for people considerably unpleasant. This pest has left us in peace and there have not been too many mosquitoes this year so far. Nevertheless, we wanted to obtain information from the experts whether this was due to the conditions unfavorable for the mosquitoes or whether some radical measures were taken against them in Bratislava.

As we have learned, both of these assumptions proved to be true.

The disastrous occurrence of mosquitoes in the SSR capital is directly related to the fluctuating water level in the Danube and Morava rivers. For an explanation: when the water level in the Danube rises above 5.5 meters a favorable situation for hatching large numbers of mosquitoes develops. Although it soon drops again, there is enough water left in the depressions and big puddles to "bring to life" millions of eggs which the female mosquitoes had laid there. From them larvae develop which under favorable temperature conditions "mature" in one week or 10 days. Approximately 10,000 but even as many as 70,000 or even more mature mosquitoes fly out from one hatching place one square meter in size.

If we want to prevent that, the larvae in customary mosquito hatching places must be sprayed. This must be done, when the larvae are in their fourth developmental stage--after five or six days--which the experts can precisely determine on the basis of samples. Such spraying of hatching places with Actellic 50 EC is very effective.

Scientific worker at SAV [Slovak Academy of Sciences] Virological Institute RNDr Milan Labuda, CSc, has studied the "Bratislava" mosquitoes already for many years. He does so also from the standpoint of health protection; he namely examines, whether mosquitoes may be virus carriers. In order to do so, he must know precisely in what places of the greater Bratislava area mosquitoes are hatched most and these places must be marked on a map.

The survey has already been completed. The hatching places with an excessive number of mosquitoes along the Danube--they involve primarily *Aedes Vexans* and *Aedes Sticticus* species--are already marked on the detailed maps drawn on the 1:10,000 scale. In cooperation with the experts from the SAV Institute of Geography the maps are being completed which indicate not only the hatching places with an excessive number of mosquitoes, but also the population density of ticks. Within a combined pledge, these maps will be turned over to the appropriate authorities already this year.

Naturally, these important and urgently needed detailed maps are only a part of the struggle against these annoying insects.

The experts of Sanitary Service of the SSR capital continuously check and report the occurrence of larval stages of mosquitoes in mass hatching places in Bratislava--according to the method designed by the Reference Laboratory for Entomology at OHS [expansion unknown] Nitra, issue orders for operative disinfection measures and supervise these operations.

"The NVB [Bratislava National Committee] Council has approved appropriate measures in this respect", RNDr Marta Lamosova said, head of the disinfection and extermination department of the Sanitation Station of the SSR capital. In the first place, preventive measures are taken to exterminate the larvae in the seven selected areas of the Petralka section of the Danube and of the Bratislava section of the Morava river. The second stage consists of the extermination campaigns in the landscaped suburban areas as well as in downtown Bratislava. The disinfection measures are carried out on approximately 220,000 square meters. Specifically: due to the repeated rising and sinking of the water level in the Danube, a situation favorable for a mosquito calamity developed at the beginning of this summer. Due to the prompt spraying of the larvae, the calamity was averted.

Dr Lamosova and Dr Labuda who organized and methodically directed the spraying of hatching places in May (the spraying itself was carried out by the worker of Sanitary Service of Communal Services of the city of Bratislava) have this to say on the subject:

"It is like this: the spraying exterminates a large majority of mosquitoes' larvae which would otherwise develop into the mature mosquitoes and this would make our life rather unpleasant. The public, of course, does not know about these measures. People do not learn that if the larvae were not sprayed in a particular place at a particular time, there would be more than too many of mosquitoes. This would have been felt by the inhabitants of the Petralka sector of the city, but above all by the construction workers who are building the Petralka section of the combined freeway-railroad bridge in whose neighborhood we sprayed the large hatching places of mosquitoes".

We could not resist to ask Dr Labuda why he as worker of the SAV Institute of Virology is directly participating in the extermination of mosquitoes.

"This is directly related to our work. We justifiably suspect that the mosquitoes particularly of the *Aedes Vexans* strain which mostly occur along

the Danube are carriers of the Tahyna virus. This virus, several families of which we have isolated from the mosquitoes during the last year's epidemic causes feverish, influenza like symptoms in the respiratory passages. Research continues in this direction. I would not like anyone to think, however, that every mosquito bite can transmit a disease (because there are also completely different types of mosquitoes in Bratislava such as Culex Molestus mosquito)...

"I would like to emphasize", says De Lamosova, "that despite our efforts nobody should think that all the mosquitoes can be exterminated by a single intervention. These insects have existed and will always be found in Bratislava, near the Danube and Morava rivers. The point at issue is the prevention of excessive multiplication of mosquitoes and an epidemic in the town to improve the living environment for the inhabitants. We recommend the population, however, to protect themselves against the mosquitoes. When they are outside or in the garden, they should use a relatively effective repellent which is available in drugstores in adequate quantities. Insecticides (Biolit L, Actellic spray and new very effective Biolit L 81) may be successfully used in closed areas. Dense window screens also have proved effective.

10501

CSO: 5400/3008

BRIEFS

DRUGS FROM HUNGARY--The Government of Hungary has given Ghana a large quantity of drugs for treatment of elephantiasis and the prevention of river blindness. The charge d'affaires at the Hungarian Embassy presented these drugs in Accra today to the Provisional National Defense Council deputy secretary for health. [Accra Domestic Service in English 1300 GMT 4 Aug 82 AB]

FIGHT AGAINST SCHISTOSOMIASIS--Members of the Tefle Women's Association, in conjunction with the local people's defence committee, have started picking weeds from the Volta Lake to eradicate bilharzia from the area. Bilharzia, a water-borne disease, has become rampant in areas around Sogakopa, Tefle and other towns and villages along the lake. The weeds form the breeding grounds for snails which carry the disease. Mama Dokua Azigle IV, queen mother of Tefle Traditional Area who organised the women to undertake the clearing of the weeds told the outgoing regional secretary, Dr Yao Fiagbe, that the Volta Lake, the only source of drinking water, has posed many health problems since the construction of the Akosombo Dam. She appealed to the government through the Volta River Authority to take immediate steps to get rid of the disease. [Text] [London WEST AFRICA in English No 3393, 16 Aug 82 p 2138]

CSO: 5400/5733

HONDURAS

BRIEFS

HEMORRHAGIC DENGUE--Honduras' Caribbean area is being seriously affected by hemorrhagic dengue. According to the daily TIEMPO, 40 persons have died and approximately 160,000 more are in bed with the disease. [Tegucigalpa Cadena Audio Video in Spanish 1145 GMT 28 Jul 82 PA]

CSO: 5400/2200

EXPERTS CRITICIZE ANTI-TUBERCULOSIS CAMPAIGN

Bombay THE TIMES OF INDIA in English 1 Aug 82 p 5

[Text]

Reportedly voluntary and non-government tuberculosis eradication centres in the metropolis have been faced with a number of problems. A centre of NATAB which is situated at Faridabad has, for instance, stopped functioning due to joint pressure created by the DIT and a bank to vacate the plot on which the centre stands. DIT which is the owner of the plot has, according to the report, sold out the plot to a bank and hence the eviction notice both from the seller and the purchaser. Although both DIT and the bank have the locus standi for serving eviction notice, the question is where this voluntary organization giving humanitarian service will shift until a suitable alternative is found? It has, of course, a plot of its own at Bangabandhu Avenue. But to construct a suitable complex in these days of rising prices of building materials is not an easy solution for a voluntary organization which solely depends on outside aids. Being hard pressed by complex situations like these, NATAB has ultimately closed down its Faridabad centre.

Other voluntary and non-government organizations in the metropolis are also facing problems like lack of funds, medicines necessary equipment etc. What this means for the metropolis where patients from different parts of the country pour in for tuberculosis treatment is easily imaginable. The government tuberculosis hospitals at Mahakhali and Shamali simply fail to cope with

the situation and to accommodate the patients whose number is always far more than the capacity of the hospitals. Most of the patients, as a consequence, go unattended and spread the germs further. While such is the plight of the metropolis, situation in other parts of the country needs no mention. Report goes that total number of tuberculosis patients in the country at present is 35 lacs. Of this three lakh patients are directly spreading the disease. Although this is the official figure available so far, the real number of cases may be more than the cases identified. The magnitude of the problem is undoubtedly appalling and needs serious consideration of the government. The voluntary and non-government organizations which are despite their best efforts failing to cope with the complexities of situation for lack of funds or for other reasons deserve government patronage, because this is a problem which basically concerns the government and the people of Bangladesh. If united efforts are made both by the government and the outside aidgiving agencies, we believe, it is possible to totally eradicate tuberculosis from the country. It is unfortunate that while the life cycles of disease organisms causing such disease as malaria, tuberculosis and cholera are known and their complete eradication depends solely on intensification of removal measures, these diseases are sometimes assuming epidemic form in our country, whether we concede facts or not. We may give cholera a changed name like gastroenteritis. Similarly we may hesitate to concede that malaria has come back in the country or that tuberculosis is still a fatal disease in our own context, but that will not control the fury of the diseases unless adequate measures are taken.

GASTROENTERITIS, CHOLERA REPORTED IN DELHI

New Delhi PATRIOT in English 30 Jul 82 p 10

[Text]

Gastro-enteritis, according to the Safdarjung, Jai Prakash Narain and Infectious Diseases hospitals, have claimed three dozen patients during the last two months.

The first fortnight of July alone, it is said, saw deaths of a dozen patients who had been brought to J P Hospital with diarrhoeal infection. So far it had some 138 indoor patients suffering from serious diarrhoeal and dehydration conditions.

Gastro-enteritis, a water borne infection, is raging in the Capital, say the doctors of these hospitals. They are getting increasing number of diarrhoeal cases with every passing day.

This year, they admit the number of patients visiting the hospitals for out-patient departments or admissions is higher than the previous year.

Hundreds of diarrhoea patients are flocking to the hospitals and private medical practitioners everyday. Safdarjung Hospital in south Delhi, according to doctors, receives over 100 patients with advanced stages of gastro-enteritis each day, about 90 per cent of them are children.

Though, the doctors officially refused to divulge the number of deaths, they privately say at least six persons have lost their lives in Safdarjung Hospital so far.

Gastro-enteritis and other allied infectious diseases become active with the advancement of

monsoons, but this time, some municipal officials agree, the situation has worsened on account of Delhi Municipal Corporation's "safai karamcharis" agitation in south Delhi.

The disease has become active recently is borne out from the fact that more and more cases are being reported now.

In March, only two persons had died from the disease in J P Hospital, which is the main stay of the health care for vast but poor population of the walled city. But then the figure jumped to seven in May and nine in June. The number of patients are also increasing.

Kalavati Saran Children Hospital, which is attached to the Sucheta Kripalani Hospital, which has daily intake of 35 patients for admission every day, about 25 of them have severe diarrhoeal symptoms. The doctors there say the hospital hardly gets five patients a day with such symptoms during the off season.

Even the elite areas of New Delhi Municipal Corporation has got the infection. So far, it is said by the doctors, more than 100 cases of gastro-enteritis have been treated at the NDMC medical units.

The NDMC health authorities squarely lay the blame for the spread of the disease on the doors of the Delhi Municipal Corporation's Water Supply and Sewage Disposal Undertaking. They charge that the under-

taking has been supplying 'semi-treated water' to the NDMC areas. Some 600 cases of water-borne disease have been reported from various NDMC colonies like Moti Bagh, R K Puram. Against this, the number of cases in 1980 was 500.

The Delhi Municipal Corporation area has five deaths on record till June last and 700 of gastro-enteritis cases. But, the officials there, claim the number is much less in comparison to the last year's figure which stood at over 2,000 at the end of the year.

CHOLERA

Cholera, which is supposed to be very acute form of gastro-enteritis, too is raising its ugly head now. Majority of the victims are children. The Kalavati Saran Hospital has received quite a few cholera cases this year. These were sent to the Infectious Diseases, Hospital. Most of the child-patients who come from low economic-strata of the city, said a paediatrician of the hospital.

With the increase of gastro-enteritis cases in the city, the chemists in Lajpat Nagar and Chandni Chowk reported virtually disappearance of the relevant drugs. Among the medicines, which are not available in the market, are 'Chlorostrep' and Enteroviform. The demand for 'saline water' which is, according to doctors, sheet-anchor in the cases of dehydration cases, has also gone up.

INDIA

BRIEFS

CHOLERA IN MANIPUR--Imphal, July 12 (UNI)--Thirty-five persons have died of cholera which has broken out in an epidemic form in Manedara and the surrounding villages of Amaledara, Suntolabari and Prasain Busty in Kangpokpi in north Manipur, 42 km from here, according to a statement issued by Mr Timsima, village chief of Manedara. The Manipur government has sent a team of doctors and medical relief to the area where an inoculation drive is also on, but this is reported to be inadequate. The village chief has urged the government to send a strong team of doctors with sufficient medicine for treatment of the patients immediately. [Text] [New Delhi PATRIOT in English 13 Jul 82 p 5]

CSO: 5400/7102

INDONESIA

BRIEFS

ALERT AGAINST DIARRHEA--Banjarmasin, 14 Aug (ANTARA)--An alert against diarrhea and vomiting epidemic has been set out for the town of Banjarmasin and neighbouring areas, Banjarmasin Mayor Kamarduddin announced here Thursday. He called on the public to increase vigilance against the disease which is also popularly known in the country as "muntaber." He said of vital importance was keeping the environs clean and hygienic, particularly food and drinking water. He urged food sellers and traders in beverages to ensure cleanliness of their goods and avoid them being contaminated by cholera and other stomach viruses. [Excerpt] [BK151205 Jakarta ANTARA in English 0924 GMT 14 Aug 82 BK]

CSO: 5400/5740

INCREASE IN HEALTH PROJECTS NOTED

Baghdad BAGHDAD OBSERVER in Aug 6 Aug 82 p 2

[Text]

During the last few years, Iraq has witnessed large scale activity in the field of health projects. Hospitals and consultation clinics, manned by highly experienced personnel, and equipped with ultra-modern devices, are being constructed throughout the country.

Highly significant scientific studies and research projects, designed to evaluate the country's nutrition levels have just been concluded. Attempts to eliminate diseases caused by malnutrition are culminating with much success.

Iraq is considered a pioneer among Middle Eastern countries in the attention it has given to nutrition. As early as 1954 the Institute of Nutrition Research was established in Baghdad.

The recently interviewed Dr. Adil Arif Abdul Halim, director of the institute Baghdad Observer. "Although the institute was established in 1954, its effective research contribution only started two years ago" he said. "The institute's task is to conduct studies and undertake research work related to nutrition issues".

"Studies are carried out by pharmacologists and researchers of various relevant specialization".

The following departments fall within the institute's administrative structure: 1. Research and Studies Department.

2. Nutritional Health and Laboratories Department.

3. Hospital Nutrition Department.

4. Food Education Department.

5. Out-patient and Food Analysis Department.

The Research and Studies Department initiates studies related to individual nutritional and health problems. Current studies include those on weaning babies feeding practices, thyroid gland, food allergies and food-poisoning.

The institute comprises 14 technical laboratories to carry out a wide variety of chemical, micro-biological medical and biological tests. Intricate food and water analyses are conducted to assess the nutritional value of various food items before they can be manufactured and marketed. These laboratories are equipped with sophisticated electronic apparatuses.

Referring to the Hospital Nutrition Department, the director remarked that the institute is presently carrying out a significant field study on patients' nutrition. The number of training courses organised by the department over the last two years has exceeded 78.

The Out-patient and Food Analysis Department deals with diseases directly resulting from feeding practices such as obesity, underweight, diabetes, arterio-sclerosis, cardiac attacks, high and low

blood pressure, allergy and so on. During this year alone the department received over 1896 cases of such maladies. In dealing with such patients, dietary rather than medicinal treatment is almost always sufficient. Only rarely are drugs necessary.

In cooperation with mother and child-care centres, the institute has opened a number of out-patient departments, to treat children suffering from malnutrition. Instructions are given on feeding techniques and on the nutritional values of food items to be given to infants.

The institute's external activities include co-operation with a number of international organisations, such as the Food and Agricultural Organisations (FAO), World Labour Organisation (WLO), UNESCO, UNICEF, World Health Organisation (WHO) and others. The institute has lately participated in five international food conferences.

CSO: 5400/4739

JAMAICA

BRIEFS

POLIO EPIDEMIC OVER--Kingston, Jamaica, July 31, CANA--Jamaica has announced that its polio epidemic is over and restrictions against the public gatherings have been lifted. Said Health Minister Kenneth Baugh: "We are now confident at this time that the epidemic is over--the epidemic is contained and we can lift the restrictions." The crippling disease was first detected in the western parish of St James about two months ago. Since then two persons died and 57 other cases were positively identified. Jamaica immediately mounted an island-wide immunization campaign, which is now into its second phase. [Excerpt] [Bridgetown CANA in English 1822 GMT 31 Jul 82 FL]

CSO: 5400/2200

LEBANON

BRIEFS

RISK OF EPIDEMICS--Vienna August 4 TASS--The break-out of epidemics such as typhoid and cholera in west Beirut, besieged by Israeli aggressors, has become a real threat, according to a spokesman of the United Nations Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA). He said that the risk of epidemics was due to the scarcity of clean drinking water and the lack of electricity to operate water-pumps. As is known, the Israeli invaders are maintaining their blockade on water and electric power supplies to the city. The risks of contracting typhoid fever were the greatest for children and the aged. According to the UNRWA spokesman who visited some areas of encircled west Beirut, all children there were suffering from gastrointestinal disturbances caused by the consumption of undrinkable water. [Text] [LD040948 Moscow TASS in English 0940 GMT 4 Aug 82]

CSO: 5400/2200

INCIDENCE OF DENGUE GREATER THAN IN 1981

Kuala Lumpur NEW STRAITS TIMES in English 31 Jul 82 p 7

[Text]

KUALA LUMPUR, Fri. — The Malaysian Medical Association (MMA) today called for greater publicity on the dangers of dengue haemorrhagic fever, especially over radio and television, through posters and in places where people gather.

Its president, Dr Lim Say Wan, said such measures to improve health education should be given the highest priority in efforts to prevent the current outbreak from worsening.

He said sufficient publicity must be given to prevention and treatment to raise public awareness and for stricter measures to be taken against those who encourage the breeding of aedes mosquito.

The Health Ministry was already doing a good job but active public participation in preventive measures was necessary to eradicate the menace, he added.

The MMA does not, at the moment, see the need to call a national alert in spite of the increase in dengue cases throughout the country.

More enforcement officers should however be recruited for more effective preventive measures, said Dr Lim.

He also suggested that more abate distribution centres be set up.

Besides houses construction sites, particularly in newly cleared areas, could also be mosquito breeding grounds.

There were 22 cases of dengue deaths for the first seven months of this year compared to 10 for the whole of last year. There were 340 dengue cases last year and the figure this year so far is 495, an increase of 44 per cent.

In Ipoh, 22 new dengue cases were reported over the last 24 hours in Perak. The worst hit was Kanthan Baru New Village north of Ipoh which had 15 cases within the period.

Perak acting Director of Medical and Health Services Dr Tan Ban Lee said of the other cases, four were in the Ipoh municipality area and one each in Gopeng, Sungai Siput and Pusing.

The Ipoh cases were from Kampung Bercham (two) and Jalan Sultan

Yusuff and Pesiaran Istana (one each).

The new cases bring to 131 the number of dengue cases, including two deaths, in the State since January.

"The situation in Kanthan Baru is giving us great concern," Dr Tan said. "It warrants top priority in terms of the reduction of (aedes) breeding grounds."

"We feel the village is facing a lot of problems in systematic disposal of refuse. Most houses there are also keeping water containers, to store rain water for washing purposes."

He said although the village was supplied with piped water, some villagers continued to collect rain water.

The department has despatched 10 teams comprising 20 men to the village to check on every house and organise preventive measures.

In Kuching, two confirmed cases and eight suspected cases of dengue have been reported in the Sarawak this year.

The latest suspected case was a 15-year-old girl from Siburan at the 27km Kuching-Serian road. She was admitted to the Kuching General Hospital last Tuesday.

CSO: 5400/8330

WHOLE COUNTRY GAZETTED AS DENGUE-INFECTED

BK111515 Kuala Lumpur NEW STRAITS TIMES in English 10 Aug 82 pp 1-2

[Excerpts] Kuala Lumpur, Mon--Health Minister Tan Sri Chong Hon Nyan today signed a notification to gazette the whole country as dengue-infected.

The gazette will come into force on August 28. It will give the Health Ministry the clout to prosecute building owners who allow mosquitoes to breed in their compounds.

With this move, Tan Sri Chong said, medical officers would find it easier to enforce the destruction of Disease Bearing Insects Act 1975 to control the disease.

Medical officers would be empowered to order building owners or occupants to take measures to prevent the breeding of Aedes mosquitoes. The gazette would allow them to compound those who are guilty of creating conditions likely to propagate or harbour Aedes mosquitoes or of allowing such conditions to continue to arise.

Dengue cases are still on the rise throughout the country and enforcement authorities continue to take action against errant building owners.

Of the cases reported over the last 48 hours, the highest number was in Perak.

Eleven new cases were reported in that state--four in the Kinta District, two in Krian, two in the Ipoh Municipality and one each in the districts of Kuala Kangsar, Perak Tengah and Batang Padang.

A spokesman for the Ipoh Municipality said 260 people were fined between January 1 and July 31 for breeding Aedes mosquitoes in their compounds.

In Pahang, the latest cases are a 12-year-old girl in Kampung Baru, Kuantan, and a 40-year-old man in Bukit Dinding, Bentong.

These bring to 13 the total number of cases reported in that state since January.

Since Friday, there have been 10 dengue cases in Kelantan, bringing the total in the state to 73 this year.

Malacca Chief Minister Encik Abdul Rahim Thamby Chik today instructed all local authorities in the state to cooperate with the state health and medical services department.

Up to last night, the total number of dengue cases this year was 43. There have been two deaths in the state.

State Health Director Dr Naranjan Singh said his department would be making spot announcements over radio and distributing pamphlets to the public on dengue.

In Johor, the epidemic is under control, according to State Health and Medical Service Director Datuk Dr Tow Siang Yeow.

He said 78 cases and one death had been reported in the state since January.

The department has inspected 158,884 houses, warned 2,129 house owners for breeding Aedes, re-inspected 10,100 of the houses and compounded 738 house owners.

The number of cases in Klang remains at 17 plus the death of a five-year-old boy.

CSO: 5400/5727

NINE SARAWAK DISTRICTS LISTED AS CHOLERA INFECTED

Kuala Lumpur NEW STRAITS TIMES in English 30 Jul 82 p 5

[Text]

KUCHING, Thurs. —
Four cholera carriers were detected by the medical department yesterday bringing the total number of carriers to 183.

A department spokesman said today three people from the Kanowit district in the third division and one ten-month-old baby girl from Lawas district in the fifth division had been confirmed as carriers.

Confirmed cases had increased to 45 with the admission of a 40-year-old man from Kanowit to the Sibul Hospital last Monday.

The spokesman said

there were no fresh reports of cholera in other affected districts.

The outbreak has to date claimed four lives. Nine districts have so far been declared cholera infected areas.

Meanwhile, reports from Bandar Seri Begawan today said that the medical and health authorities in the Sultanate had taken all necessary precaution against any cholera outbreak.

Following the detection of a cholera carrier over the weekend, immunisation campaigns had been conducted, said Radio Brunei. — Bernama.

CSO: 5400/8430

BRIEFS

CHOLERA INFECTED AREA--Seremban District [Negri Sembilan Province] has been declared a cholera infected area following the death of an 89-year-old man in the general hospital. The deputy state medical and health director advised residents to boil their drinking water and not to eat uncovered food and also to keep their compound clean. He advised the public to visit government clinics quickly if they suffered from stomach pain, diarrhea and vomiting. He assured the public that the situation is under control with the authorities having taken preventive measures since the first reported case in Jempul last week. [BK050803 Kuala Lumpur Domestic Service in English 1130 GMT 3 Aug 82]

MEASURES AGAINST DENGUE FEVER--The Kuantan Municipal Council is taking measures to check the incidence of dengue fever in the towns and residential areas. The council's chief administration officer said four cases have been reported in the area. He called on shopkeepers and petrol station operators to stock up anti-larvae medicine for sale to the public. The health unit of the council has inspected 7,800 households up to June this year. Eleven households were fined, while 30 others were given warning. [BK050803 Kuala Lumpur Domestic Service in English 1130 GMT 3 Aug 82]

DENGUE FEVER CASES--Kuala Lumpur. Thurs--Another 19 dengue cases have been reported all over the country thus bringing the total number of dengue fever (DF) and dengue haemorrhagic fever (DHF) cases this year to 905. The number of fatal cases still stand at 24 as no deaths were reported today. A comprehensive report on the situation has already been submitted to the cabinet, Health Minister Tan Sri Chong Hon Nyan said today. He said cabinet involvement was necessary because the war on dengue was a concerted effort involving not only his ministry but also the ministries of housing and local government and science, technology and environment. Tan Sri Chong said, that dengue cases were concentrated in urban areas--up to 80 percent of the cases reported. [Excerpt] [Kuala Lumpur NEW STRAITS TIMES in English 13 Aug 82 pp 1, 3 BK]

SARAWAK CHOLERA FREE--Four districts in Sarawak's sixth division have been declared cholera free as from today. They are (Oyadalat), Sarikei, Julau and Binatang. No further cases of cholera were reported in the last few days. The number of confirmed cases are still at 49 with four deaths since the outbreak of the disease early this year. The medical and health services department had also detected 189 carriers. The other five effected districts are Sibu and (Kanaweh) in the third division, Limbang and (Lawak) in the fifth division and (Masu Endaru) in the sixth division. [Text] [Kuala Lumpur Domestic Service in English 1330 GMT 14 Aug 82 BK]

KELANTAN DENGUE FEVER--The number of dengue cases in Kelantan continued to rise. The state director of health and medical services said today that of the 89 cases confirmed so far, 72 cases were from Kota Baharu, 7 from Pasir Mas, 3 from Tumpat, 2 each from Pasir Putih and Tanah Merah and 1 each from Backok and Bachang. [figures as heard] Forty-five cases involved patients below 20 years of age and the rest were patients between the ages of 20 and 60. So far, the department has discovered 30,250 dengue breeding grounds in houses and 15,640 outside. (Kuala Lumpur Domestic Service in English 1330 GMT 15 Aug 82 BK]

SARAWAK DENGUE CASES--Two confirmed cases and eight suspected cases of dengue have been reported in Sarawak since January this year. A spokesman of the State Medical and Health Department in Kuching said the latest suspected case is a 15-year old girl from (Siburan) on the Kuching-Serian Road. She was admitted to the Sarawak general hospital on 27 July. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 30 Jul 82 BK]

PENANG, PERAK DENGUE CASES--More dengue cases have been reported on Penang Island and Perak. On Penang Island, 6 more cases of dengue fever have been reported, bringing the total to 136 since the beginning of this year. The state director of medical and health services, Dr (Fonseka), told a news conference that the situation was still serious. In Perak, 5 new suspected dengue cases have been reported over the past 24 hours. A spokesman of the medical and health department said this brings the total number of cases in the state to 155, a threefold increase compared to that for the whole of last year. He described the dengue situation in Perak as serious. [Text] [Kuala Lumpur Domestic Service in English 1130 GMT 4 Aug 82 BK]

CSO: 5400/2200

MOZAMBIQUE

BRIEFS

HEALTH CARE STATISTICS--A source from the Nampula provincial health directorate disclosed to the provincial Radio Mozambique station that at present there is one health unit for each population center of 10,590 inhabitants. Thus there are a total of 230 health units supported by 5 rural hospitals, one central hospital and another psychiatric unit. The province of Nampula, which numbers approximately 2,500,000 people has 97 physicians, 235 nurses and 32 midwives. The same source added that there is one physician for each 66,000 people and the mortality rate is approximately 40 per 1,000 inhabitants. [Text] [Maputo NOTICIAS in Portuguese 3 Aug 82 p 3]

CSO: 5400/5749

OFFICIAL AFFIRMS RESOLVE TO WIPE OUT TUBERCULOSIS

Karachi DAWN in English 14 Aug 82 p 11

[Text]

LAHORE, Aug 13: The Government is determined to wipe out tuberculosis from the country. This was observed by the Adviser to the President on Health and Social Welfare, Prof. Dr. Basharat Jazbi, during a visit to the T.B. and Chest Clinic of Mayo Hospital here yesterday.

He said, the Government is seized with the problem and feels that case finding and treatment programme should form the basis of the national tuberculosis programme, which should be conducted free of all charges. Furthermore, the tuberculosis control activities should be developed as a part of an efficient system of primary health care, a network of microscopy laboratory established to cover the whole country, training facilities provided to technicians working at the laboratories and a direct B.C.G. vaccination programme to cover infants and children upto 15 years of age to ensure 70 to 90 per cent coverage of this population within a reasonable time.

The Presidential Adviser also said that district tuberculosis centres should also be established in all the districts and distribution of drugs should be made under strict supervision of staff working in Health Care system.

He said that according to the

Planning Commission survey, tuberculosis is the fourth major cause of death in Pakistan, with a specific death rate of 85/1,00,000. Hence, 68,000 persons die of this disease annually. This high mortality rate is a great challenge to the nation, he added.

Dr. Jazbi was taken to the Laboratories and Patient Wards by Mr. A.R. Gardezi and Prof. Abdul Aziz, incharge T.B. and Chest Diseases Clinics. The Adviser asked for immediate requirements of the laboratories and the hospital and said that the President and the Governor, Punjab, are keenly interested in the T.B. Cure programme and stress is being laid to cover the rural population well. He promised to supply necessary equipment to the laboratories very soon.

Prof. Jazbi later met a delegation of young doctors who apprised him of their problem of residence. They were told that 120 new residences for young doctors on house jobs will be constructed very soon in the Mayo Hospital and every hospital building will be constructed in future with residential accommodation for the doctors. At the moment, temporary arrangements are being made to accommodate young doctors in their respective wards of duty, he added. — PPI.

DECREASE IN INCIDENCE OF PARASITIC, COMMUNICABLE DISEASES

OW220333 Beijing XINHUA in English 0249 GMT 22 Aug 82

[Text] Beijing, 22 Aug (XINHUA)--Average life expectancy in China rose to 69 years in 1981, one year more than in 1978, according to the Ministry of Public Health.

Achievements in medical science in the past few years include the discovery of an antimalarial drug--arteannuin--which has good effect in treating malignant malaria and cerebral malaria; the healing of infectious open fractures by a combination of traditional Chinese medicine and Western medicine, reducing the need of amputation and ensuring recovery of the function of the diseased limbs for the majority of patients.

Successful therapeutic effect has been produced in the treatment of acute non-lymphocytic leukemia with semi-synthetic Harringtonine.

Bioprosthetic cardiac valves have been produced for the treatment of heart disease and are already in clinical use.

Pharmaceutical departments have invented a new method of sterilization by injection that causes the loss of 95 percent of the sperm.

Sexual reproduction of the tuber of elevated gastrodia, an effective traditional medicine in treating coma, convulsions and ailments of the eyes and nervous system, has been achieved.

The principle of "prevention first" is the fundamental policy of China's health work. The incidence of several parasitic, endemic diseases and other communicable diseases has decreased. In the past three years in the case of schistosomiasis, a threat to China's peasants working in paddy fields, 2.84 million patients were treated, with 1.04 million cured. Comprehensive prevention and treatment measures include elimination of snails, control of night soil and purification of drinking water.

More than 2 million patients with endemic goiter have been cured by wider supply of iodized salt and by improvement of water.

The incidence of 16 acute communicable diseases including diphtheria, epidemic cerebrospinal meningitis, pertussis and scarlet fever has dropped.

At the end of 1981, there were 190,000 health establishments throughout the country, 12 percent more than in 1978. There were 66,000 hospitals, 23 percent higher than in 1978, including 781 hospitals of traditional Chinese medicine. There were 2.017 million hospital beds (including 60,000 beds for traditional Chinese medicine), an increase by 8.7 percent compared with 1978.

China now has 1,244,000 doctors, with total graduation in the past three years of 213,000.

Rural health services are the consistent focal of the ministry's work, as 80 percent of the population lives in the rural areas. A program has been worked out by the ministry to improve medical equipment and to upgrade the medical level of the hospitals in China's 2,100 counties by the end of this century. Since 1980, 700 counties have been selected and three hundred counties have already completed the work.

Barefoot doctors are the main force in China's rural health services. The 1.396 million barefoot doctors have been trained and taken refresher and advanced courses in, [as received] and their pay has been raised by special appropriations from the government.

CSO: 5400/4011

PHILIPPINES

TOP KILLER DISEASES LISTED

Cebu City VISAYAN HERALD in English 4 Aug 82 pp 3, 4

[Text] Manila (PNA)--Five respiratory illnesses are among the top 10 killer diseases in the country today, three health organizations reported today.

The Philippine College of Chest Physicians, the International Academy of Chest Physicians, and the Philippine Association of Thoracic and Cardio-vascular surgeons made this report today in connection with the observance of lung month.

The three organizations report was supported by statistics made available by the lung center which said that 48 per cent of the total morbidity rates from 1975-1979 were traceable to lung ailments.

Aside from this, lung ailments also account for 52 per cent of the 110,051 deaths in 1980.

Lung center officer in charge, Dr. Priscilla Tablan said that since starting operations in February, the lung center has admitted 900 patients suffering from all kinds of lung ailments.

She also said that although tuberculosis patients are not accepted by the center, a dispensary which provides surgery is available.

The lung center treats less than a dozen kinds of lung ailments which include chronic obstructive pulmonary diseases (COPD).

Falling under the COPD are bronchitis, pulmonary emphysema and asthma.

Other forms of lung diseases are pneumonia, upper respiratory tract infection, which include sore throat and common cold, tuberculosis, lung cancer, pulmonary embolism or the blood clotting in any part of the body which eventually affects the lung, interstitial lung diseases, characterized by the hardening of the lungs that limit expansion, pneumoconiosis, otherwise known as occupational lung disease, (a disease common among industrial workers), respiratory distress syndrome, which was singled out by several lung center doctors as fatal and has a 50 per cent mortality rate.

The three organizations have lined up certain activities for lung month which include free clinics in three various areas and a mid-year convention.

The convention is scheduled August 20 at the lung center and carries the theme "chest diseases update '82."

CSO: 5400/5739

INCIDENCE OF VARIOUS DISEASES AMONG CHILDREN

Dakar LE SOLEIL in French 8 Jul 82 p 3

[Excerpt] Vaccinate all the children in the world between now and 1990 against the six main diseases (diphtheria, whooping cough, tetanus, measles, polio and tuberculosis) responsible for 5 million deaths per year and an equal number of children bearing traces like paralysis, blindness and various problems: this is one of the goals of the Enlarged Vaccination Program (PEV) started by the member states of WHO upon the organization's recommendation. The other goal is to develop vaccination services to fight against these diseases.

Before PEV started in our country in 1981, these diseases were important causes of infant mortality, and too often caused life-long disabilities. Measles struck 40,000 children under 18 months every year; 2 percent of them died. Out of 1,500 cases of tetanus recorded annually, 40 percent of them in children under 5 years of age, one in four died. The 30,000 cases of whooping cough recorded yearly caused fewer deaths but left traces and nervous ailments. Four hundred cases of polio are diagnosed and treated every year, but many others are unknown. Osteoarticular tuberculosis is still common in young children and is even on the increase in heavily populated urban areas. Yellow fever--a danger permanently threatening the whole population--is most likely to strike children who have not yet formed a natural immunity.

Today these diseases can be prevented thanks to immunization. The 250,000 children born in Senegal every year will benefit from the PEV, which has been implemented on a national scale since May 1981. This goal, set for 1985, will be met by a progressive increase in vaccination coverage of 20 percent per year. By the end of this year, 100,000 children are to be vaccinated, or 40 percent of the target population, as opposed to 20 percent in 1981.

9855

CSO: 5400/5696

BRAZIL DONATES YELLOW FEVER VACCINES

Dakar LE SOLEIL in French 17-18 Jul 82 p 3

[Article by Khalifa Mbengue: "Brazil's Gift of 50,000 Doses of Yellow Fever Vaccine"]

[Text] Brazil's ambassador to Senegal, Renato Denys, gave Minister of Public Health Mamadou Diop an important consignment of medicine yesterday morning: 50,000 doses of yellow fever vaccine donated to the Senegalese government by Brazil's Oswaldo Cruz Institute, which specializes in the fight against yellow fever.

The ceremony took place in the presence of Captain Nelson Braganca of the Brazilian frigate "Uniao," docked Dakar since last Thursday; the captain was accompanied by several of the ship's officers and members of the minister's cabinet.

In addressing Mamadou Diop, the Brazilian ambassador said that this gift is a sign of his country's friendship for the Senegalese people and a modest contribution to the Senegalese government's fight against diseases.

In his answer, the minister of public health expressed his thanks, on behalf of the Senegalese people and chief of state, to the ambassador and government of Brazil and its navy; he then recalled the close ties uniting Brazil and Senegal, two countries which, he said, are situated opposite each other geographically, belong to the nonaligned movement, and share the same international political options.

In conclusion, Mamadou Diop said that this vaccine will be used judiciously in the framework of the enlarged vaccination program being implemented at the national level whose goal is to prevent, in children between 0 and 5, the six main diseases which threaten them often, including yellow fever transmitted by the "Aedes" mosquito. Children can be protected from it by being vaccinated with "17 D" vaccine before the age of one.

9855

CSO: 5400/5696

AZAPO COMPLETES POLIO FACT-FINDING MISSION

Johannesburg SOWETAN in English 10 Aug 82 p 3

[Text]

LACK of proper sewage disposal and little or no education make the polio-stricken area of Gankulu fertile for the spread of infectious diseases, the Azanian People's Organisation (Azapo) fact-finding mission revealed yesterday.

More than 270 people are reported to have died since the outbreak of the disease in the northern Transvaal.

The mission, led by Dr A D Asvat, health secretary of Azapo, found many cases had been brought to the hospital only after treatment by witchdoctors had brought no results, which meant present polio statistics were inaccurate.

A statement released by the organisation re-

ported that:

- Almost all cases presently in hospitals did not have the prescribed vaccine dosage because of the non-availability of the vaccine at the time of visiting the clinic or ignorance due to lack of education;
- There was a real danger of the potency of the vaccine being diminished as a result of non-refrigeration on the way to or at the clinic;
- Ninety-eight percent of cases treated so far have come from villages where no clinic facilities exists;
- Many cases have been discharged from hospitals having achieved remarkably good results with excellent physiotherapy;
- It appears as if the

main thrust of the epidemic is over, as fewer and fewer cases are being reported;

• Instructions have been given to the organisation's branches in the area to distribute pamphlets explaining to parents the dangers of the disease and how to obtain the vaccine. The pamphlets are in English, Pedi and Shangaan;

• The majority of children in the area suffer from malnutrition and under-nutrition, which makes them extremely susceptible to all kinds of diseases, especially gastro-enteritis, TB and pneumonia;

• Lack of proper sewage disposal, polluted drinking water and housing makes the area susceptible to diseases.

CSO: 5400/5717

SOUTH AFRICA

BRIEFS

POLIO EPIDEMIC--Two more cases of polio have been confirmed at the hospital at Pietersburg in the Transvaal Province of South Africa, bringing the total number of cases reported since the out-break of the disease in March to 285. A senior South African health official said the polio epidemic was definitely declining, but it would take some time before the immunization campaign took effect. He said the children who were recently admitted to the hospital were probably infected when they were immunized. [Text] [LD260234
Johannesburg International Service in English 1100 GMT 25 Aug 82]

CSO: 5400/5735

EIGHTY PER CENT OF CHILDREN MUST BE IMMUNIZED SAYS HYND

Mbabane THE TIMES OF SWAZILAND in English 5 Aug 82 p 3

[Article by Vusie Gamedze]

[Text] THE MINISTER of Health, Dr Samuel Hynd has said that to reduce diseases in Swaziland the health department is required to fully immunize 80 percent of the child population each year.

"But Swaziland like any other common country in Souther africa finds it impossible to meet that demand as it has less than 80 percent immunization," said the minister.

Dr Hynd was speaking at the Swaziland Institute of Management and Public Administration (SIMPA) during the official opening of a two week seminar on immunization.

He said the ministry of health in Swaziland has considered immunization as one of the major steps to prevent diseases. He also said that this step has not been taken by Swaziland only but also the whole world.

The minister pointed out that no country standing alone in Africa can contain or eradicate infectious diseases. This he said had been proved by the outbreak of cholera in South Africa. He felt a degree of international support was necessary to cope with these diseases.

Dr Hynd said for decades the words 'prevention is better than cure' have been said many times. He said nowhere in medicine does this statement hold as true as in immunization.

About the six major diseases, tuberculosis, diptheria, whooping coagh, tetanus, measles and polio that attack children can only be prevented by immunization. He said many children have died through these diseases including adults.

Even though the task seems enormous but the health department must remember that diptheria, polio, tetanus, among children are rare in the industrial world," said the minister.

He said tuberculosis and measles are controlled and they are becoming less frequent with the increasing of immunization.

The minister pointed out that in England, whooping cough received an increase in immunization because of an epidemic in which children died.

Children were left with residual disability from the disease and ultimately this led to the strong intervention after consideration of the arguments between for and against immunization. But at the end immunization won.

"The story of the eradication of small pox should inspire the health unit as it was never thought that one of the major traditional illnesses of man can be defeated," explained the minister.

Dr Hynd said the wiping off, of small pox shows that other diseases can also be conquered at the end.

CSO: 5400/5718

CHOLERA RULES 'TO STAY' SAYS HEALTH MINISTER

Mbabane THE TIMES OF SWAZILAND in English 5 Aug 82 pp 1, 16

[Article by James Dlamini]

[Text]

HEALTH Minister, Dr. Samuel Hynd, yesterday warned that cholera will probably break out again during the rainy season.

Dr. Hynd said the public should not be fooled by the current lull as cholera cases are expected again when the dry season is over.

"It is too early to start relaxing the cholera control measures and importation of vegetables from South Africa will still be prohibited for some time," Dr. Hynd said. "The end of the cholera menace is nowhere in sight yet."

Answering questions on the effectiveness of the controls, Dr. Hynd said he was aware of the problem that vegetables were being imported illegally.

"We are working on that. Truck loads have recently been intercepted by the police near Oshoek, at Lundi and Mahamba," Dr Hynd said.

Dr. Hynd also revealed that a World Health Organisation specialist on diarrhoea diseases was currently touring Swaziland to assess the situation.

Answering questions on the effectiveness of the

cholera vaccine, the Director of Medical Services, Dr. Mike Dlamini, said the chances of an immunised person being infected are 50 per cent.

"I admit it is not good enough, but I would rather have a 50 per cent try than to sit around and risk a 100 per cent chance of being infected," he said.

Answering a question on complaints by companies that experts or people needed for urgent services who live in South Africa are delayed because of the requirement to have a cholera vaccine and wait six days before they come, Dr. Dlamini said: "If a man is urgently needed, say an engineer for urgent repairs, we would make arrangements for him to be immunised on the spot at the border and allow him in as long as we are assured that the person will be in a place where the sanitation is up to standard. It's up to companies to approach the ministry and we can discuss matters like that.

"We don't want to inconvenience people unnecessarily. If the sanitation facilities are good, even an infected person is unlikely to endanger the health of others.

"The south Africans can relax if they think their sanitation is good, but most areas in Swaziland do not have that and we cannot take chances," Dr. Dlamini said.

Commenting on the exorbitant vegetables price of the Director for Agriculture, Mr. Victor Phungwayo, said local producers have to pay much higher prices for inputs than their South African counterparts. He said South Africans are subsidised for most inputs such as fertiliser and pesticides.

"If the government can subsidise our farmers, then we can start talking of introducing proper marketing infra-structure and controls on prices," Mr. Phungwayo said.

"Now it is a free for all. You will find that, in fact, the people who charge exorbitant prices are the middle men and the people in the markets and fruit shops, and not the producers," he said.

"I know that some people are profiteering. The vegetables which come from South Africa are mostly rejects. We are a dumping ground," he said.

TANZANIA

BRIEFS

ANTI-RABIES MEASURES--Eleven people in Temeke district were bitten by a rabid dog in Dar es Salaam yesterday afternoon. Speaking to the "Daily News," Dr A. Barnabas of Muhimbili Medical Centre confirmed that eleven people were referred to the centre from Temeke dispensary. They included four children, two men and five women. It was understood that the rabid dog was seen running around, barking and subsequently biting everyone in sight including some goats which were grazing near the Temeke playgrounds. Dr Barnabas said all the patients had minor wounds and they were not therefore admitted. But they were given first aid, anti-rabies serum and anti-tetanus injections. [Text] [Dar es Salaam DAILY NEWS in English 16 Aug 82 p 3]

CSO: 5400/5736

BRIEFS

NEWCASTLE DISEASE--It is the most savage and devastating disease of poultry in Uganda. From time to time outbreaks of newcastle disease have caused considerable losses in all parts of the country, often wiping out whole flocks. Recently the disease swept through some parts of soroti and Kumi districts leaving behind hundreds of dead chicken. The smell of rotting birds could be felt everywhere. But the form which is commonly observed in Uganda is similar in its behaviour to the one which Doyle reported in Newcastle-upon-Tyne in 1926. The strain of the virus which causes this form of the disease is so virulent that it kills birds of all ages, and may cause 90 to 100 percent mortality. It appears that no attempt has been made to find out whether the other strains of the virus also exists in Uganda. This is probably due to lack of experienced researchers and facilities. Wild birds are also possible agents for the spread of newcastle disease. It is widely believed in rural areas that the white egrets that are often seen walking between grazing cattle play an important role in the spread of newcastle disease. There is enough circumstantial evidence to justify this contention. In Teso, for instance, outbreaks of newcastle disease tend to occur when white egrets appear in large numbers. There is also sufficient evidence that these birds act as healthy carriers of the virus of newcastle disease. [Excerpts] [Kampal UGANDA TIMES in English 2 Jul 82 p 5]

CSO: 5400/5713

UNITED ARAB EMIRATES

BRIEFS

MORE RINDERPEST CASES--The department of veterinary services in Al Ain has discovered a number of rinderpest cases in the area. Six cows affected by the disease have been found in the city's cattle market, and six more cases in other parts of the region. The authorities have been busy taking necessary measures to check the spread of the disease. The city's cattle market has been closed, and the Al Ain municipal authorities have reported the matter to the general secretariat of UAE municipalities so that other regions in the country could be warned in time. The movement of cows in or out of the area has been prohibited, and the health authorities have launched a campaign to contain the disease. The agriculture and livestock department has started a vaccination campaign to make healthy cattle immune to the disease. A spokesman of Al Ain Municipality said that all possible efforts were being made to check the disease as early as possible. [Text] [Dubayy KHALEEJ TIMES in English 13 Aug 82 p 3

CSO: 5400/4740

OX-LIKE TRAP MAY STAMP OUT SLEEPING SICKNESS

Harare THE FINANCIAL GAZETTE in English 6 Aug 82 p 8

[Text]

A REVOLUTIONARY tsetse fly trap which could eradicate sleeping sickness — trypanosomiasis — in Africa is now being tested on an island in the middle of Lake Kariba.

The trap, which is undergoing research at the Tropical Products Institute in London, would be cheaper and more ecologically sound than present methods.

The tsetse fly inhabits 15 million square kilometres of central Africa and countries affected include Zimbabwe, Tanzania, Botswana, Zambia, Kenya and Uganda. Methods of wiping out the insect have concentrated on spraying — killing the ground-based tsetse fly as it comes up to feed — or wiping out the host animal. Both methods have disadvantages.

Dr David Hall, a TPI chemist working on the new trap, explained: "The destruction of game animals is not popular and the use of insecticides is coming under increasing criticism on economic and ecological grounds.

EXPENSIVE

"With the trebling of wages in Zimbabwe spraying is becoming expensive and an affected area can only be sprayed at certain times of the year: in the rainy season the insecticide is washed away."

Tsetse flies rely primarily on vision and odour and the trap, pioneered by Dr Glyn Vale of the

Department of Veterinary Services, Harare, Zimbabwe, catches the flies simply by looking and smelling like an ox. Once inside, the flies are killed or sterilised.

Dr Vale found that massive doses of carbon dioxide and acetone supplied part of this smell and made the large black visual traps far more enticing to tsetse flies, but it was still not as good as the real thing.

ATTRACTIVE

Work on identifying specific chemicals attractive to tsetse flies is being carried out by the TPI team of Dr Brenda Nesbitt, Mr Peter Beevor and Dr Hall. Methods used by the department in its work on insect pheromones (sex attractants) have been used in their present work. The flies smell through receptors in their antennae and, by measuring the electrical changes in the antennal response when exposed to a particular odour, the chemists are able to identify which chemical is most attractive to the insect.

"We've had some positive results already," Dr Hall said. "We've identified and synthesised one chemical and are getting good results from it. By this method there is a definite possibility of eradicating the tsetse fly, particularly as they breed at a low level.

"All the indications are that the system works. Whether it will revolutionise tsetse fly control is another matter, but it is an important element in their control."

The TPI team hopes to finish its research within a year.

BRIEFS

LOCUST CONTROL--THE Agriculture Protection Board is monitoring the development of locust eggs as part of its strategy in locust control in the southern agricultural areas. The board's chief officer, Mr Neil Hogstrom, said that it hoped to forecast the extent and severity of locust infestation. Field staff would take samples from egg beds in different locations and soil types. A study of the locust embryos with data from the Plague Locust Commission in NSW would enable the prediction of the approximate date of hatching. This would allow farmers and the APB to spray bands of locust nymphs after hatching but before they start to move away from egg beds. The nymphs would be monitored for density and stage of development so that they could be sprayed when necessary. The APB staff would also look at the number of eggs carrying parasites. Fungal disease and egg parasites were thought to be a major reason for the natural fluctuation in locust numbers. Severe losses were likely when locusts hatched early in the season and damaged crops that were still green. [Perth THE WEST AUSTRALIAN in English 29 Jun 82 p 35]

LOCUST CONTROL FUNDING--THE WA Government will provide up to \$500,000 to help control as expected locust plague in the Great Southern and south-east agricultural areas in the next few months. The Cabinet approved the funds yesterday as a special allocation. The Premier Mr O'Connor, said the money would be used to supply free chemicals for farm treatment and for controlling bands of new adult locusts which were likely to cause damage or lead to continuing problems. The allocation was a once-only payment and in future farmers would be expected to contribute to the control of plagues. Eighteen shires from the Lake Grace-Pingrup area to Mt Barker-Albany had been affected by locusts in 1981-82. A medium to heavy plague could cause losses of up to two per cent of total production--amounting to \$7 million. As well as lost production, plagues made the land more prone to soil erosion, stripped trees, destroyed gardens, damaged parks and caused inconvenience to motorists. About 60 tonnes of insecticide would be needed to treat about 180,000 hectares in the 15 shires. [Perth THE WEST AUSTRALIAN in English 13 Jul 82 p 4]

CSO: 5400/7577

MEASURES TO FIGHT BACTERIAL BLIGHT OF RICE DISCUSSED

Xian SHAANXI RIBAO in Chinese 11 Apr 82 p 2

[Article: "Remarkable Success in Prevention and Control of Bacterial Blight of Rice in Hanzhong Prefecture. Production Area Quarantine and Prevention and Control of the Spread of Diseases and Insect Pest Begun"]

[Text] Plant protection and plant quarantine station science and technology personnel in Hanzhong Prefecture have won striking successes in the prevention and control of paddy rice bacterial blight over large areas.

Beginning in 1980, this plant protection and plant quarantine station set up 655 disease-free bases on more than 350 mu area. Thanks to the painstaking care of technical farm cadres and the masses, 1.68 million jin of blight-free first generation hybrid rice seeds were harvested in the fall of the same year, and more than 17,900 jin of "three lines" rice seeds plus 700,000 jin of conventional rice seeds free of blight were also harvested. These disease-free seeds were planted for open field production in 1981. The diseased field area dropped strikingly, and the extent of damage decreased greatly. Survey statistics show that as a result of the spread throughout the prefecture's producing areas of the single measure of quarantine to prevent the spread of disease damage, 6.05 million jin of paddy was saved in the same year. After summarizing experiences, in 1981 they formulated "Trial Regulations for Hanzhong Prefecture Paddy Rice Seed Producing Area Quarantine," while enlarging to 17,575 mu the disease-free paddy rice base area so as to lay a foundation for further eradication this year of bacterial blight.

The specific methods they used were as follows: (1) Effective inspection to understand the disease situation. During the fall of 1979 8,300 quarantine inspectors were training throughout the prefecture, and 434 communes carried out field inspections so as to clearly delineate the dividing line between disease and disease-free zones as data for formulating prevention and control measures. (2) Adoption of multiple measures for the breeding of disease-free seeds. In establishing disease-free fine variety breeding bases, they followed quarantine requirements, using "dikushuang" to soak the chosen rice seeds prior to planting them. In propagating seedlings and caring for them in open fields, strict attention was given to proper watering, fertilization, and use of pesticides to prevent outbreaks of bacterial blight. (3) Implementation of quarantine in producing areas and promotion

of disease-free seeds for sale. Before the rice was harvested, quarantine personnel from plant protection units and science and technology personnel from fine variety breeding units conducted joint quarantines of producing areas. In production teams where no bacterial blight had occurred, quarantine requirement certificates were signed and issued in the fields and procurement contracts signed on the basis of the area involved. Following harvest of the rice, seed units became responsible for procurement, storage, and looking after the seeds. Before growing seedlings in the following year, disease-free seeds were taken, according to disease prevention plans, to disease-free areas or to communes and brigades lacking seeds in diseased areas where they were planted to put an end to the source of disease bacteria.

9432

CSO: 4007/411

VIETNAM

DONG THAP PROVINCE CONCENTRATES ON SUMMER-FALL RICE

Hanoi NHAN DAN in Vietnamese 23 Jul 82 p 1

[VNA News Release: "Dong Thap Concentrates on Tending Summer-Fall Rice"]

[Text] After completing the planting and first fertilizing of 47,000 hectares of summer-fall rice, the peasants of Dong Thap Province are urgently carrying out the second fertilizing and guarding against and fighting waterlogging, insects and diseases.

More than 3,200 hectares of summer-fall rice were affected by insects and diseases and were affected by acidity. The agricultural, water conservancy, and banking sectors and the vegetation protection stations coordinated in providing guidance and creating favorable conditions so that the peasants could tend and protect the rice. The provincial bank invested 10 million dong to help the peasants purchase additional pumping machines, insecticide sprayers, and fertilizer. The Water Conservancy Service sent to the districts 15 additional boats equipped with pumps. Meanwhile, the water conservancy sections and irrigation stations reorganized 79 pumping machine clusters in order to be appropriate to the production acreage of each area and ensure sufficient water for the rice. The districts of Cao Lanh, Hong Ngu, etc., sent to the villages hundreds of thousands of liters of POL [Petroleum, Oil and Lubricants] and tens of tons of insecticides.

All of the villages, hamlets, and production collectives in Cao Lanh District have vegetation protection units which, along with the peasants, inspected the fields, sprayed insecticides to eliminate leafhoppers, and cleaned up the fields. The peasants of Tam Nong and Hong Ngu districts repaired dikes, dams, sluices, etc., embanked area dikes, continually monitored the water level, etc., in order to ensure safety for the rice area.

5616
CSO: 4209/5707

END